CHRONIC INTUSSUSCEPTION IN CHILDREN

BY

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Chronic intussusception in children is of relatively uncommon occurrence, and the reported cases show that its symptoms are very variable. Usually a tumour is present and the condition is often ascribed to tuberculous mesenteric glands or to tuberculous peritonitis. The ascites produced by tuberculous peritonitis was simulated in a case of chronic intussusception described by Spencer¹. The symptoms of the condition in all the reported cases certainly differ markedly from those of acute intussusception, with its classical signs of acute intestinal obstruction and the passage of blood and mucus per rectum. The rarity of the condition and the information which the history of the case gives in diagnosis supply the reasons for the publication of the following case.

Case report.

A boy (A. B.), aged three years, was admitted to the Royal Manchester Children's Hospital in April, 1932, suffering from acute abdominal pain referred to the region of the umbilicus. The parents stated that the child had suffered from obstinate constipation for at least two months and that the bowels had previously acted regularly without the aid of purgatives: he had also lost much weight. During this time they noticed that he had periodical attacks of colicky pain, which caused him to stop playing; he would often lean over a chair for a few minutes until the pain disappeared. The attacks became more frequent and the day before his admission into hospital they occurred almost hourly and caused him to scream. He had also had frequency of micturition, but had vomited once only.

On admission to hospital a tumour was palpable in the right iliac fossa. The mass was hard but not tender. The temperature was normal. The mass was slightly movable; there was no rigidity or evidence of visible peristalsis and the respiratory abdominal movements were normal. There was no history of the passage of blood or mucus per rectum. The initial diagnosis was that of tuberculous mesenteric glands, and it was decided to keep the child under observation. For the following seven days there were repeated attacks of pain of a severe type referred to the penis and suprapubic region; the pain often disappeared with micturition and the condition simulated that due to a vesical calculus. The bowels acted every day with the aid of aperients; there were no signs of blood or mucus in the stools, nor of visible peristalsis. There was no vomiting.

On account of the recurrent attacks of pain and the persistence of the tumour in the right iliac fossa, a laparotomy was performed seven days after admission to hospital. A chronic intussusception was found. The terminal half-inch of the ileum had prolapsed through the ileo-caecal valve and the two were invaginated for about four inches into the ascending colon, forming an ileo-colic intussusception.

There was a mass of enlarged ileo-cæcal glands with a mobile cæcum, but no mesentery to the ascending colon. The intussusception was reduced and the bowel found to be healthy. The appendix was removed and examined microscopically; it showed no evidence of tuberculous infection.

Discussion.

The outstanding features of this case, during its period of observation in hospital, were the intermittent attacks of pain referred to the penis and umbilicus. Waugh² has described three cases of acute intussusception with referred penile pain, in which the ascending colon had an abnormal mesentery. He attributed the pain either to the direct pull of the abnormal meso-colon with the extra weight of an intussusception on the kidney, or to the meso-colon dragging on the kidney, thus rendering it mobile and causing traction on its nerves. He suggested that this referred pain could be used to recognize the existence of an abnormal mesentery. In the present case there was no abnormal mesentery, and the tumour due to the intussusception could only be brought to the surface of the incision with difficulty.

The character of the pain was, however, exactly that described by Waugh, and it was thought at one time that the child must have a vesical calculus. The features in the case which seemed to differentiate the diagnosis from tuberculosis were the frequency and the severity of the attacks of pain. The mass in the right iliac fossa could easily have been mistaken for ileo-cæcal tuberculosis, but in this condition and in other types of abdominal tuberculosis in children, the attacks of pain are not often so severe or so persistently recurrent as in the present case.

The histories of this and of previously reported cases show that the passage of blood and mucus per rectum, and the signs of acute intestinal obstruction are often absent in cases of chronic intussusception. Symptoms of chronic obstruction were undoubtedly present as action of the bowels was only effected by the means of purgatives.

Another feature of the present case was the wasting, which, combined with the presence of an ileo-cæcal tumour, suggested the diagnosis of tuberculosis.

Summary.

A case of chronic intussusception of the ileo-colic type in a child is reported. In it the most salient feature consisted of severe and recurrent attacks of colic in which the pain was referred to the penis and supra-pubic region. Symptoms of chronic intestinal obstruction and wasting were present, but at no time was blood and mucus passed per rectum.

REFERENCES.

1. Spencer, *British J. Surgery*, Bristol, 1920-1, VIII, 366.
2. Waugh, G. E., *Lancet*, London, 1911, i, 1492.